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CONFIRMATION NO. 2544

<b>SERIAL NUMBER</b> 09/819,458	<b>FILING OR 371(c) DATE</b> 03/27/2001 <b>RULE</b> 1.47	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 2409.3273.3US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/139,705 08/25/1998 PAT 6,206,849 which is a CON of 08/481,169 06/07/1995 PAT 5,797,869  
 which is a CON of 08/205,331 03/03/1994 PAT 5,472,417  
 which is a CON of 07/785,351 10/30/1991 ABN  
 which is a CON of 07/288,364 12/22/1988 PAT 5,195,962 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

*ERM 8/10/06*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 CANADA 555076 12/22/1987

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/07/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Chptl MacV...</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
57600

**TITLE**  
Multiple lumen catheter

<b>FILING FEE RECEIVED</b> 862	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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